

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90449 034 ***150.00

DOCUMENT # P01000046837

1. Entity Name

BRUSH STROKES OF SOUTH FLORIDA, INC.



Principal Place of Business

**22644 WESTBRIDGE CT
ESTERO FL 33928
US**

Mailing Address

**22644 WESTBRIDGE CT
ESTERO FL 33928
US**

2. Principal Place of Business

287 DUNCAN LN

3. Mailing Address

287 DUNCAN LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. FORT MYERS - FL

City & State

N. FORT MYERS - FL

Zip

33903

Country

USA

Zip

33903

Country

USA

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

65-1103856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVT** ☐ Delete
NAME **COHL, CRISTINA M**
STREET ADDRESS **22644 WESTBRIDGE CT**
CITY-ST-ZIP **ESTERO FL 33928-2343**

TITLE **SD** ☐ Delete
NAME **COHL, CRISTINA M**
STREET ADDRESS **22644 WESTBRIDGE CT**
CITY-ST-ZIP **ESTERO FL 33928-2343**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVT** ☒ Change ☐ Addition
NAME **287 DUNCAN LN**
STREET ADDRESS **N. FORT MYERS - FL 33903**
CITY-ST-ZIP **N. FORT MYERS - FL 33903**

TITLE **SD** ☒ Change ☐ Addition
NAME **287 DUNCAN LN**
STREET ADDRESS **N. FORT MYERS - FL 33903**
CITY-ST-ZIP **N. FORT MYERS - FL 33903**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

4/15/04 (239) 995-6689

Daytime Phone #